

FILED JAN 22 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-28-42-1-8-43
(Specify whether years, months or days) 6 years

3. (a) PRINT FULL NAME WALLACE WILLIAMS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married Divorced Child
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased October 6 1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 3 2 hr. min.

9. Birthplace Dallas Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER { 12. Name Wallace Williams
13. Birthplace Texas
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Gardiner
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) burial (b) Date thereof 1/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 1-11-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Jackson 78
(a) State (b) County
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1415 E. 17
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1943 hour 12:45 minute a. M.

21. I hereby certify that I attended the deceased from November 28 1942 to January 8 1943
that I last saw him alive on January 8 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Tuberculosis

Due to 12/13
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury
23. Signature W. H. H. H. H. (M.D. or other)
Address Gen. Hosp. #2-600 E. 22 Date signed 1-11-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Loac J. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.